

STATEMENT OF ECONOMIC INTERESTS

A Public Document

Date Received
Official Use Only

Please type or print in ink

RECEIVED

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER
Pennino Phillip Anthony (949) 42-1730
MAILING ADDRESS STREET CITY ZIP CODE CITY OF LOS ANGELES
(May be business address) 1502 Keagle Wy Lodi 95242

COVER PAGE

1. Name of Office Sought or Held, Agency or Court (Provide precise name. Do not use acronyms.)

Division, Board, District, if applicable:

Position:

→ If Expanded Statement – List agency/position:
(Attach a separate sheet if necessary. Do not use acronyms.
File originally signed statement with each filing official.)

Agency: Redevelopment Agency City of Lodi

Position Title: Board member

2. Office Jurisdiction (Check one)

- ☐ State
☐ County of _____
☒ City of Lodi
☐ Multi-County _____
☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual
(Check one)

☒ The period covered is January 1, 2000, through December 31, 2000.

☐ The period covered is ____/____/____, through December 31, 2000.

☐ Leaving Office Date Left: ____/____/____
(Check one)

☐ The period covered is January 1, 2000, through the date of leaving office.

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate

4. Schedule Summary

(Check applicable schedules or "No reportable interests.")

→ During the reporting period, did you have any reportable interests to disclose on:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (Greater than 10% Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

Schedule C ☒ Yes – schedule attached
Income & Business Positions (Income Other than Loans, Gifts, and Travel)

Schedule D ☒ Yes – schedule attached
Income – Loans

Schedule E ☒ Yes – schedule attached
Income – Gifts

Schedule F ☒ Yes – schedule attached
Income – Travel Payments

→ ☐ No reportable interests on any schedule

Total number of pages (including this cover page): 7

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

EXECUTED ON

March 24, 2001
(month, day, year)

SIGNATURE

(File the originally signed statement with your filing official.)

mailed to FPPC on 3/29/01

Income & Business Positions

(Income Other than Loans, Gifts, and
Travel Payments)CALIFORNIA
2000/2001 FORM **700**
FAIR POLITICAL PRACTICES COMM.Name
Paul Benmo

NAME OF SOURCE
PG+E

ADDRESS
4040 Westlane

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Utility

YOUR BUSINESS POSITION
Major Acct Rep.

GROSS INCOME RECEIVED

☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary ☐ Spouse's income ☐ Loan repayment
☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

NAME OF SOURCE
KW'S

ADDRESS
777 S. Ham Lane

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate

YOUR BUSINESS POSITION
Agent

GROSS INCOME RECEIVED

☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☒ Spouse's income ☐ Loan repayment
☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's income ☐ Loan repayment
☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's income ☐ Loan repayment
☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

Comments: _____

Income – Loans

(Received or Outstanding)

CALIFORNIA
2000/2001 FORM 700

FAIR POLITICAL PRACTICES COMM.

Name

Phil Pennington

NAME OF LENDER
Chrysler Dodge

ADDRESS
P.O. Box 7200 Pasadena CA

BUSINESS ACTIVITY OF LENDER
☒ Financial Institution
☐ Other _____

INTEREST RATE
6 1/2 % ☐ None

TERM (Months/Years)
60

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

SECURITY FOR LOAN
☐ None ☒ Automobile ☐ Personal residence
☐ Real Property _____
Street address _____
City _____

☐ Guarantor _____

☐ Other _____
(Describe)

NAME OF LENDER
PSEA

ADDRESS
P.O. Box 8191 Walnut Creek CA

BUSINESS ACTIVITY OF LENDER
☒ Financial Institution
☐ Other _____

INTEREST RATE
8 % ☐ None

TERM (Months/Years)
60

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

SECURITY FOR LOAN
☐ None ☒ Automobile ☐ Personal residence
☐ Real Property _____
Street address _____
City _____

☐ Guarantor _____

☐ Other _____
(Describe)

NAME OF LENDER _____

ADDRESS _____

BUSINESS ACTIVITY OF LENDER
☐ Financial Institution
☐ Other _____

INTEREST RATE _____ % ☐ None

TERM (Months/Years) _____

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SECURITY FOR LOAN
☐ None ☐ Automobile ☐ Personal residence
☐ Real Property _____
Street address _____
City _____

☐ Guarantor _____

☐ Other _____
(Describe)

NAME OF LENDER _____

ADDRESS _____

BUSINESS ACTIVITY OF LENDER
☐ Financial Institution
☐ Other _____

INTEREST RATE _____ % ☐ None

TERM (Months/Years) _____

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SECURITY FOR LOAN
☐ None ☐ Automobile ☐ Personal residence
☐ Real Property _____
Street address _____
City _____

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

Income – Gifts

CALIFORNIA
2000/2001 FORM 700
 FAIR POLITICAL PRACTICES COMM.

Name

Phil Pennino

• NAME OF SOURCE
AT&T

ADDRESS
1128 E Maryland Street

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Communication

DESCRIPTION OF GIFT(S)	VALUE	DATE
<u>Tickets/Food</u>	<u>\$70⁰⁰</u>	<u>8/10/00</u>
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____

► NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DESCRIPTION OF GIFT(S)	VALUE	DATE
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____

► NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DESCRIPTION OF GIFT(S)	VALUE	DATE
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____

► NAME OF SOURCE
Herzog

ADDRESS
P.O. Box 1610 Stockton 95201

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Rail

DESCRIPTION OF GIFT(S)	VALUE	DATE
<u>Dinner (2)</u>	<u>\$140⁰⁰</u>	<u>9/28/00</u>
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____

• NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DESCRIPTION OF GIFT(S)	VALUE	DATE
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____

► NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DESCRIPTION OF GIFT(S)	VALUE	DATE
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____

Comments: _____

Income – Gifts
Travel Payments, Advances, and
Reimbursements

CALIFORNIA 2000/2001 FORM 700 FAIR POLITICAL PRACTICES COMM.
Name: <u>Phil Remino</u>

➤ NAME OF SOURCE
League of Calif Cities

ADDRESS
1400 K Street

CITY AND STATE
Sacramento CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

TYPE OF PAYMENT: (check one)
☒ Gift ☐ Income

AMT: \$ 7443 DATE(S): Various
(If applicable)

DESCRIPTION: See Attached

➤ NAME OF SOURCE

ADDRESS

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

TYPE OF PAYMENT: (check one)
☐ Gift ☐ Income

AMT: \$ _____ DATE(S): ____/____/____
(If applicable)

DESCRIPTION: _____

➤ NAME OF SOURCE

ADDRESS

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

TYPE OF PAYMENT: (check one)
☐ Gift ☐ Income

AMT: \$ _____ DATE(S): ____/____/____
(If applicable)

DESCRIPTION: _____

➤ NAME OF SOURCE

ADDRESS

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

TYPE OF PAYMENT: (check one)
☐ Gift ☐ Income

AMT: \$ _____ DATE(S): ____/____/____
(If applicable)

DESCRIPTION: _____

➤ NAME OF SOURCE

ADDRESS

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

TYPE OF PAYMENT: (check one)
☐ Gift ☐ Income

AMT: \$ _____ DATE(S): ____/____/____
(If applicable)

DESCRIPTION: _____

➤ NAME OF SOURCE

ADDRESS

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

TYPE OF PAYMENT: (check one)
☐ Gift ☐ Income

AMT: \$ _____ DATE(S): ____/____/____
(If applicable)

DESCRIPTION: _____

Comments: _____

BOARD MEMBER EXPENSES 2000

Board Member	Description	Date	Amount	Paid to Key	Check Paid To
PHIL PENNINO	P PENNINO ROOM 01/00 BD MTG	4/14/00	\$165.39	CLA14	THE CLAREMONT RESORT
	P PENNINO ROOM 07/99 BD MTG	6/23/00	\$203.50	LAP02	LA PLAYA HOTEL
	SHUTTLE 4/00 BD MTG	4/20/00	\$24.00	PEN05	PENNINO/PHIL
	PARKING 1/00 BD MTG	1/28/00	\$12.00	PEN05	PENNINO/PHIL
	MILEAGE 7/00 BD MTG	7/31/00	\$104.00	PEN05	PENNINO/PHIL
	MILEAGE 4/00 BD MTG	4/20/00	\$33.15	PEN05	PENNINO/PHIL
	PER DIEM 1/00 BD MTG	1/28/00	\$20.00	PEN05	PENNINO/PHIL
	MILEAGE 1/00 BD MTG	1/28/00	\$45.50	PEN05	PENNINO/PHIL
	AIR FARE 4/00 BD MTG	4/20/00	\$136.84	PEN05	PENNINO/PHIL
			\$744.38		

2000

BOARD MEAL FUNCTIONS IN 2000

Costs incurred by the League for board meal functions during 2000.

Board members may review the following list of meal functions, identify those which they attended, and add the cost to the summary of direct charges and reimbursements for a total of League costs during 2000. If a spouse or guest accompanied you to any of these events, the additional costs may also be reportable.

Meal Function	Oakland 1/14-15/00 Claremont	Los Angeles 4/7-8/00 Wilshire Grand	Carmel 7/28-29/00 La Playa Hotel	Anaheim 9/6-7/00 Hilton (Annual Conf.)	San Diego 11/15-17/00 Catamaran (League Leaders)	San Diego 11/17-18/00 Catamaran (Board)
Wednesday lunch				\$ 39.41		
Wednesday dinner					\$ 42.12	
Thursday breakfast					14.62	
Thursday lunch					19.71	
Thursday recept/dinner*				92.14	35.60	
Friday breakfast					14.62	
Friday recept/lunch	\$ 42.95	\$ 36.87	\$ 32.15		23.50	\$ 23.50
Friday recept/dinner**	73.47	60.84	60.09			45.30
Saturday breakfast	23.72	22.77	22.17			14.62
Saturday lunch	41.22	40.68	41.07			34.33
Total	\$ 181.36	\$ 161.16	\$ 155.48	\$ 131.55	\$ 150.17	\$ 117.75

* The Thursday dinner during the annual conference was held at the Bowers Museum.

** The Friday dinner during the April board meeting was held at the Getty Museum.

g:\mss\member\rid\board\FPPCexp.xls

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Date Received
Official Use Only

Please type or print in ink

RECEIVED

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER
Pennino Phillip Anthony 209-442-1730
MAILING ADDRESS STREET CITY ZIP CODE CITY OF LOS ANGELES
1502 Keagle Way Los Angeles 90015

COVER PAGE

1. Name of Office Sought or Held, Agency or

Court (Provide precise name. Do not use acronyms.)

San Joaquin Regional Rail
Division, Board, District, if applicable:

Chairman

Position:

— If Expanded Statement – List agency/position:

(Attach a separate sheet if necessary. Do not use acronyms.
File originally signed statement with each filing official.)

Agency: _____

Position Title: _____

2. Office Jurisdiction (Check one)

- ☐ State
☐ County of _____
☐ City of _____
☐ Multi-County _____
☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: _____

☒ Annual
(Check one)

☒ The period covered is January 1, 2000, through
December 31, 2000.

☐ The period covered is _____, through
December 31, 2000.

☐ Leaving Office Date Left: _____
(Check one)

☐ The period covered is January 1, 2000, through the
date of leaving office.

☐ The period covered is _____, through the
date of leaving office.

☐ Candidate

4. Schedule Summary

(Check applicable schedules or "No reportable interests.")

— During the reporting period, did you have any reportable
interests to disclose on:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (Greater than 10% Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

Schedule C ☒ Yes – schedule attached
Income & Business Positions (Income Other than Loans, Gifts, and Travel)

Schedule D ☒ Yes – schedule attached
Income – Loans

Schedule E ☒ Yes – schedule attached
Income – Gifts

Schedule F ☒ Yes – schedule attached
Income – Travel Payments

— ☐ No reportable interests on any schedule

Total number of pages (including this cover page): 7

5. Verification

I have used all reasonable diligence in preparing this
statement. I have reviewed this statement and to the best of
my knowledge the information contained herein and in any
attached schedules is true and complete. I certify under penalty
of perjury under the laws of the State of California that the
foregoing is true and correct.

EXECUTED ON March 24, 2001
(month, day, year)

SIGNATURE [Signature]
(File the originally signed statement with your filing official.)

mailed to Rail Com. on 3/29/01

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Date Received
Official Use Only

Please type or print in ink

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Pennino	Phillip	Anthony	(209) 942-1730
MAILING ADDRESS (May be business address)	STREET	CITY	ZIP CODE
1502 Keagle Way	Wob	CA	95242
OPTIONAL: FAX / E-MAIL ADDRESS			

COVER PAGE

1. Name of Office Sought or Held, Agency or

Court (Provide precise name. Do not use acronyms.)

Altamont Commuter Express
Division, Board, District, if applicable:

Board member
Position:

➔ If Expanded Statement – List agency/position:
(Attach a separate sheet if necessary. Do not use acronyms.
File originally signed statement with each filing official.)

Agency: _____

Position Title: _____

2. Office Jurisdiction (Check one)

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☐ County of _____
☐ City of _____
☐ Multi-County _____
☐ Other _____

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(Check one)

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(Check one)

☐ The period covered is January 1, 2000, through the
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☐ The period covered is ____/____/____, through the
date of leaving office.

☐ Candidate

mailed to Rail Com. on 3/29/01

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my knowledge the information contained herein and in any
attached schedules is true and complete. I certify under penalty
of perjury under the laws of the State of California that the
foregoing is true and correct.

EXECUTED ON

March 28, 2001
(month, day, year)

SIGNATURE

(File the originally signed statement with your filing official.)